MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/551358	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5						
6						
7	1					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18		1				
19	1					
20		1				
21	1					
22		1				
23	1					
24						
25		1				
26	1					
27		1				
28	1					
29		1				
30	1					
31						
32						
33	1					
34		1				
35		1				
36	1					
37						
38	1					
39						
40	1					
41						
42						
43		1				
44	1					
45		1				
46	1					
47		1				
48		1				
49	1					
50	1					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55						
56		(1)				
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						